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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/606,208	
	Filing Date	06-26-2003	
	First Named Inventor	Bart Gaskins	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	3	Attorney Docket Number	105916.162US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Schedule A
<div>Remarks</div>		

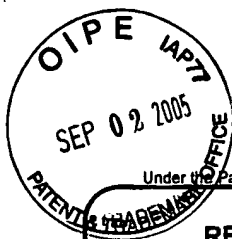
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Baker & McKenzie		
Signature	<i>W. Jackson Matney, Jr.</i>		
Printed name	W. Jackson Matney, Jr.		
Date	8-31-05	Reg. No.	39,292

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number
Filing Date
First Named Inventor
Art Unit
Examiner Name
Attorney Docket Number

All applications and patents listed  
on attached Schedule A.

I hereby revoke all previous powers of attorney given in the patents/patent applications listed on attached Schedules A & B.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

51738

☒ Please change the correspondence address for the above-identified application to:

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OR

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Individual Name

Address

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

on behalf of: LifeNet

Name

Lloyd Wolfenbarger, Jr.

Title: Chief Scientific Officer

Date

8/25/05

Telephone

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.

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**SCHEDULE A**

<b>Hale &amp; Dorr</b>	<b>Application Serial No.</b>	<b>Filing Date</b>	<b>Title</b>
105916.166US2	10/855,797	05-28-2004	Continuous acidification demineralization process for producing osteoinductive bone; and osteoinductive bone produced thereby
105916.167US1	10/732,799	12-11-2003	Apparatus for demineralizing osteoinductive bone
105916.165US2	10/855,771	05-28-2004	Method for debriding bone and bone debrided thereby
105916.131US2	10/835,529	04-30-2004	In vitro growth of tissues suitable to the formation of bone and bone forming tissue formed thereby
105916.162US1	10/606,208	06-26-2003	Device and process for producing fiber products and fiber products produced thereby
Unknown	10/953,881	09/30/2004	Composite bone graft, method of making and using same

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